THE FOUNDATION FOR THE PEOPLES OF THE SOUTH PACIFIC

Child Survival IX:

IMPROVING THE QUALITY OF CHILD SURVIVAL SERVICES IN THE SOUTH PACIFIC (VANUATU AND KIRIBATI)

October 1, 1993 - September 30, 1996

MID-TERM EVALUATION

Santo Family Health Project
F.S.P. / VANUATU

Report submitted to:

Overseas Development Agency
Pacific Regional Advisory Group

The United States Agency for International Development
Bureau for Food and Humanitarian Assistance
Office of Private and Voluntary Cooperation

The Family Health Unit
Health Promotion Section
Ministry of Health
Republic of Vanuatu

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Abbreviations

ARI Acute Respiratory Infection
AusAID Australian Agency for International Development
CDD Control of Diarrhoeal Diseases
DIP Detailed Implementation Plan
DOH Department of Health Vanuatu
EHO Environmental Health Officer
EPI Expanded Program of Immunization
FHP Family Health Project
FP Family Planning
FSP Foundation For The Peoples Of The South Pacific
HC Health Center
HE Health Education
HIS Health Information System
IEC Information, Education and Communication Materials
IPPF International Planned Parenthood Federation
MCH Maternal and Child Health
NDRHO Northern District Rural Health Office
NDH Northern District Hospital
NGO Non-Government Organization
PHC Primary Health Care
PVO Private Voluntary Organization
Sanma Santo Malo Province
SCFA Save The Children Fund, Australia
TB Tuberculosis
Torba Banks Torres Province
VFHA Vanuatu Family Health Association
VHW Village Health Worker

Introduction

The Santo Family Health Project was implemented in January 1994 in order to promote the health of families in Sanma Province, Vanuatu. The term of the project is 3 years and it will close on December 3 1, 1996.

At the time that the project was designed it was felt by the DOH at the National level and by the District Health Supervisor and Team that the two priority areas for project activities in Child Survival in Sanma Province were capacity building in Health Education skills and District and HC/Dispensary Nurse Management Skills in Child Survival Interventions. The base-line survey supported this feeling. The DIP and Project Profile reflect this and the project emphasis is on Health Education and Management Training.

There have been significant changes within the Department of Health in Vanuatu since this project was designed. There was a strike of Public Servants in Vanuatu starting in November 1993 which after many months lead to the dismissal of many Public Servants by the Government. This included many people in the DOH both at the National and District level who were MCH, EPI, Family Planning, Nutrition, District Health Supervisor and nurse counterparts many of whom were involved in the Project design. This has been a significant constraint in implementing this project as many counterparts positions took several months to fill and as many of the people appointed to fill these positions did not have extensive qualifications in the area to which they were appointed.

The purpose of this evaluation is to review project implementation and generate recommendations for any mid-course corrections necessary to meet the project objectives during the second half of the project. The evaluation consisted mainly of interviews with the project counterparts and beneficiaries. Appendix A is a list of people interviewed. Appendix I. is a copy of the Evaluation questionnaires used and a summary of the results.

This Mid-Term Evaluation was carried out by a six person team consisting of DOH, FSP and local NGO representatives as well as an external consultant (see Appendix B).

This evaluation was made with the support of the Overseas Development Agency of the government of the United Kingdom and the support of the United states Agency for International Development under cooperative agreement number FAO-0500-A-00-3027-00.

1. Accomplishments

Project Inputs

The Sanma Province Family Health Project has been in progress for 18 months now. It has inputs in two major components.

Supplies and Equipment

Under the Project 2 rooms have been added to the District Health Office building at Luganville Hospital to accommodate Project staff. A telephone line, Fax machine, computer with appropriate software and printer and furnishings have been provided and installed. Four tele-radios have been installed in 4 Health Centers. A 3.5 meter aluminum boat was provided at Malau Health Center with a 15 HP outboard motor provided by the DOH.

Training and Workshops

Training Workshops have been undertaken in the following areas:

1. **Health Education**

   Four Health Education workshops were undertaken in the first 18 months of the project. These involved District Health Staff as well as nurses and community leaders from various parts of Sanma Province. In response to DOH requests 2 further Health Education workshops were carried out in Torba and Tafea Provinces. "One to one" training of Nutrition Fare staff in lesson planning and using informal teaching methods was carried out for a total of 4 days over a 4 month period.

2. **ARI/Health Information System/EPI Training Workshops**

   Two one week training workshops were provided by the project in the above child survival areas for District staff and nurses of the Sanma and Torba Provinces.

3. **IEC Family Planning Field Testing Workshop**

   A two week workshop which included District Health staff, Nutrition Fare staff and one VFHA project Officer. The first week consisted of theory with the second week devoted to field testing techniques.

Project staff also provided "one to one" assistance to the National Health Education Coordinator and the Vanuatu Family Health Association Project Officer (Training) in the production of FP Health Education materials. As well project staff sit on the National IEC committee which during the 18 months of the project has been working on FP Health Education materials.

Project Outputs

As a result of the above Inputs in the first 18 months of the project the following Outputs have been achieved:

1 Twenty six nurses in Sanma/Torba Provinces, 4 Supervisors and 24 nurses in Tafea Province, the National Health Education Coordinator and one Project Officer each from SCFA, VFHA and World Vision have received Health Education Training.

2 IEC materials - field testing of 9 FP posters and qualitative research into peoples attitudes to family size and family planning which has also provided recommendations for 4 new Posters.

3 Draft Health Center and EPI Supervisory checklist (see Appendix C) are ready for field testing.

4 An assessment of the EPI needs for Sanma and Torba Provinces, including costing has been completed (Appendix D).

5 Monthly District Health Staff meetings are being held although attendance is poor.

6 District Health Section Heads have undergone a process of Task Allocation.

7 There has been an improvement in the number and quality of the Health Information returns in Sanma Province.

8 Health Centers and dispensaries have better drug supplies because the radios installed by the project have enabled improved communication of drug needs.

9 There is now appropriate and better treatment of patients at Health Centers and Dispensaries and also appropriate and earlier referral to the District Hospital as a result of the improved quality of training of nurses as well as the improved communications provided by the 4 tele-radios installed by the Project.

10 At the Nutrition Fare in the grounds of the Northern District Hospital Health Education sessions have gone from nil before the project started to 24 in the first quarter of 1995 - as a direct result of Health Education training provided by the Project.

2. Effectiveness

The accomplishments of the project so far are in keeping with the accomplishments anticipated in the DIP. There has been sufficient progress in meeting objectives and yearly targets to this Mid-Term point in the Project.

The Public Service strike in Vanuatu in 1993/1994 with the almost complete change in project counterpart staff has been a major constraint. However, the project staff have responded well and have attempted to work closely with the new District Health Team. This effort is reflected in the project Inputs and Outputs as outlined above.

Objectives and yearly targets in relation to Health Education are in keeping with the DIP, Objective and yearly targets with regard to management training are behind the DIP because of greater management needs by the new District Health Team.

A major constraint to achieving Project objectives is the lack of project transport for follow up of workshop training with "one to one" training in Health Education and Management Skills in HCs and Dispensaries. This constraint is addressed in the Recommendations.

The high risk groups targeted in this project are women of child bearing age and children under five with a risk factor. These high risk groups through better communication, improved drug supplies etc have better access to services and early and appropriate referral. As well the Health Education outcomes mean they have a better trained nursing staff who are able to undertake Health Education in the Dispensaries and HCs where they work.

3. Relevance to Development

The Project has increased the ability of families to participate in and benefit from child survival activities and services in four ways:

1 Training of nurses in participatory education has taught has meant that mothers are now actually participating in their own education, mothers are identifying their own needs and practices for health.

2 Improved communications through the provision of radios and a boat has meant better supplies of drugs to HCs and Dispensaries, better communication with nurses and doctors at the District Hospital so better treatment is undertaken at the lower levels of PHC and safe and early referral, when appropriate, takes place.

3 Families have access to IEC materials which have been are field tested in and found to be relevant to the target group.

4 Improved management and monitoring skills of district health staff through management training and supervisory checklists has improved the delivery of child survival interventions to families.

4. Design and Implementation

People holding positions at District and National levels in MCH, EPI and the DHS who were part of the project design have left the DOH and a new team put in place only in the last 6-12 months. This has meant there has been a process whereby this District Team, who are key Project counterparts, have had to be familiarized with and take ownership of the

project. This has been an, at times, difficult process made more difficulty by the Project unsuspectingly employing former DOH employees to undertaken the Baseline KAP survey for the Project.

The positive aspects of the Project Design is that it has met some of the genuinely felt and material needs in the health services in Sanma Provinces eg the computing, radio and training activities have all met the perceived needs of the District Health Management team.

4.1. Design

The project has been extended to included the nursing staff of Torba Province in some training Workshops at the request of the Northern District Rural Health Office which has responsibility for the delivery of health services to both Sanma and Torba Provinces. This has not meant that the project target population has increased in size. It means that the training provided by the project has included nurses in Torba Province but at minimal drain on project funds and with no change in Project targets, goals or objectives. This minor change, at minimal cost, has created goodwill with the District and National DOH personnel.

Another change since the DIP is that instead of a project Advisory Committee, which was to have included community, local government and various other local organizations representatives, a project Management Committee which has included only Project and DOH staff and one representative from local Government. The reason for this was that in view of DOH changes in staff the Department felt that a smaller Management committee should be appointed until the new District staff had been adequately oriented to the Project. Despite these changes the Committee has not functioned as was intended. The function of this Committee needs to be reviewed.

4.2 Management and Use of Data

Project Data
Project data and information is collected in two ways:

Project Quarterly Report, prepared by the Project Health Adviser in Port Vila, includes statistics on the number of Health Education sessions, number of District Health staff meetings, number of HCs and Dispensaries returning HIS reports, number of HCs and Dispensaries with adequate drug supply etc. There was a delay with these Quarterly Reports in **1994** because the DOH data collection system was inadequate and required project input to ensure that data was of sufficient standard to meet the requirements of the DIP. This was achieved in December 1994 and reports with the required data have been submitted, on time, since then.

The FSP project staff in Santo prepare a monthly report on progress towards objectives set during the last FSP staff report. It contains project data on training, health management, infrastructure, observations made during field visits etc.

Department of Health Data Collection

The Department of Health, Health Information System had a major review in 1993. As a result a new DOH HIS form was devised in 1994. A National HIS Training Workshop to introduce the new HIS form took place early in 1994 and the new HIS commenced soon after. In 1994 the Family Health Project was requested by the District Health Supervisor to assist with training nurses in the new HIS. The new HIS collects data about Child Survival indicators (see Appendix E). As a result of this request the project included HIS in two ARI/EPI Training Workshops in March and April 1995. These workshops were attended by all 18 nurses in the Sanma Province and the one nurse supervisor in Torba Province.

To ensure that the quality of data collection is improved and maintained the project will undertake further training both at) Project Workshops and "one to one" training on HIS in HCs and Dispensaries.

4.3 Community Education and Social Promotion

The project is weighted towards providing staff with health promotion and health management skills through its training program. Social mobilization has been limited to the training of 15 members of the community as Health Educators, spreading health messages within the community.

The project provided little direct service to the population, with the exception of occasional health talks and other assistance given to counterparts with their routine work. This assistance builds the relationship between project and health staff and encourages sharing of needs and ideas.

The Project will continue to emphasize staff development and training in order to obtain sustainable benefits. The Mid-Term Evaluation has found that key HC/Dispensary as well as district level counterparts have had no supervisory visits in the last twelve months. Therefore the Project needs to increase inputs into Management Training and involve national level supervisors in order to ensure both technical assistance and sustained support for Management Training.

Future planning needs to consider shifting the balance more towards training/service provision in order to make best use of project staff's skills.

Community education has so far involved training community Health Educators in basic health education skills, and information on nutrition, breast feeding and family planning. Qualitative research on people's attitudes toward family size and family planning was undertaken along with field testing of 9 family planning posters currently in use in Vanuatu. The recommendations of this are currently being implemented in the design of some new posters. Therefore data from community interviews have directly influenced the shaping of new messages for family planning.

The project has distributed through its Health Education training program printed materials. New posters are now being developed and when developed will be widely distributed.

All project training - whether staff training or community health education - is based on principles of informal, participatory education. The project has developed and adapted warm-up activities for use in informal education and staff training consistently promotes the use of participatory approaches.

Project training activities are routinely evaluated. Evaluation at end of training usually shows that participants enjoyed the participation and learned at least some of what they were taught. A recurring comment is that time is usually not enough. Follow-up of trainees in the field has shown that many find it hard to include participatory approaches in real life situations. The project needs to address the issue of ongoing support and training in order to achieve sustainable change.

Table 1 - Health Education Training Undertaken In The First Eighteen Months of The Santo Family Health Project.

Trainee	Title	Duration - 1st course	Duration of Follow-up	Trainer	contacts per yr to date	Methods
District Health staff	Health ed. skills	40	One to one informal	FHP H. educator	2	Participatory and informal
community nurses	ARI/EPI/HIS Health ed.	40	none yet	FHP, H. educator and Project manager, 2 project counterparts	1	as above with some talks.
Community nurses(Tanna)	Health cd. skills	40	20 over 1 week	FHP	2	Informal and participatory
IEC workers (3)	Developing and field testing IEC materials	80	none	FHP	1	plus 4 days field work
c-u n i t y representative	Community Health Educators workshop	40	a	FHP and family planning nurse and dietician	2	informal and participatory

4.4 Human Resources for Child Survival

The Organizational Chart for the project is shown in Appendix F. There are three project staff. The FSP Health Adviser is based in Port Vila and his counterparts are the Health Education Coordinator, Family Health Unit Coordinator and Primary Health Care Coordinator in the DOH in Port Vila. The Project Manager in Luganville, Santo is counterpart to the District Health Supervisor in the Province in which the project is being implemented. The project Manager and Health Education Specialist have as counterparts the District Health Section Heads (MCH, PHC, EHO, Malaria Supervisor, TB/Leprosy Supervisor) and the Nurse Practitioners and Nurses in the HCs and Dispensaries. None of the project staff are involved in activities other than those related to the project. This is the correct mix and there is no unnecessary duplication at any level of the project.

As this project is concentrating on capacity building in child survival skills in the District Team by improving its managerial capacity in child survival interventions and improved

Health Education skills in both the District Health Team and Nurses there is no direct role for community volunteers in the project.

The appropriateness, duration and methodology of training for each type of worker has been outlined in Table 1 in Section 4.3.

Materials for health education on family planning are not available in English. The majority of materials used in this project were developed during Child Survival V or by the Department of Health and were sent to USAID in 1992. Two new materials are being designed at present, a flannel-graph initiated during Child Survival V and 5 new posters by Child Survival X. These materials will be redesigned and re-tested during the remainder of the project.

A curriculum outline for the "Guide for Using the Flannel-graph" is being field tested by a separate project. The curriculum includes these lessons: Female Anatomy and Reproduction, Female Sterilization, Female Traditional and Natural Contraception, Female Modern Contraception (combined pill, progesterone only pill, IUCD, depo provera), Male Anatomy and Reproduction, Male Sterilization, Condom Use, and STD prevention.

The five main messages of the posters are:

1 Resources are dwindling because the population is growing quickly. Children born in this new generation will, in 25 years time, share the same number of jobs and of hectares of farm land with double the number of people we have today. Competition will cause more disputes, especially land disputes.
2 Fewer women have health problems during pregnancy if they wait until the age of 18 years to have their first baby.
3 Fewer women have health problems during pregnancy if they stop having babies before they reach the age of 35 years.
4 Children are healthier if they reach the age of 2 or 3 years before their mother has another baby.
5 The most happy and healthy families have only 4 children or less.

4.5 Supplies and Materials for Counterparts

As described in the Accomplishments the project has supplied the following materials:

1. **At District Health Level:** computer with appropriate software, fax machine, furnishings and an extension to the District Health Team Office to accommodate Project staff and to serve as a Conference room after the Project is completed.

2. **At Health Center / Dispensary Level:** IEC materials, 4 tele-radios and one boat. All HCs and Dispensaries had adequate stocks of drugs except one Dispensary which was short of cotrimoxazole for the treatment of ARI. However, the nurse in this Dispensary felt that the recently installed tele-radio meant that supplies of all drugs and vaccines could easily be replenished.

The project supplies and materials were adequate and appropriate and were in keeping with the DIP. However, there are two important issues under supplies and materials which need to be addressed in the remaining 18 months of the project:

1 The boat supplied by the Project to Malau Health Center is dangerous. It is short and unstable in the water and may well capsize and result in serious injury or death. It needs to be lengthened or replaced completely.

2 There is a need for transport for Project staff. The DIP did not provide for a project vehicle. However, during the first eighteen months of the project and during the course of this Mid-Term Evaluation it has become apparent that Project staff do need a vehicle so that follow up visits to nurses in HCs and Dispensaries can be made to enable "on the job" training in Health Education and Child Survival interventions to be carried out. Without this follow up training there is a real danger that project goals and objectives will not be achieved by the completion of the project.

4.6 Quality

The Baseline Survey carried out in early 1994 thoroughly evaluated the KAP of health workers and care-givers at the commencement of the project. In discussion with the then DOH and District Health Team counterparts Health Education and District Health Team and nurse training in the management of child survival interventions were identified as the priority areas for this project. All training in Health Education has had post - activity evaluation carried out. Management training outcomes are measured by outputs e.g. number and quality of minutes from monthly District Health Section Head meetings, the number and quality of HIS forms returned from HCs and Dispensaries, the number and quality of EPI graphs etc. Project data and observations made during this Mid-Term evaluation has demonstrated that the project has brought about change in some management practices.

One area of concern where the quality of output is not to Mid-Term objectives is the level of District Health Team level of "on the job" supervision and training. This is partly a problem of transport and the geographical isolation of HCs and Dispensaries. However, it would also appear to be the result of a lack of understanding of the role of a District Health Management Team in running and implementing child survival interventions such as ARI/CDD, MCH/FP, HIS etc. This needs to be a particular focus for the Project in its remaining 18 months.

4.7 Supervision and Monitoring

Within the project itself there is adequate supervision of the project staff in Santo from the Health Advisor in Port Vila. However, this could be improved. It is felt by the project staff in Santo that this Supervision has, up to this point, been on an ad hoc and unstructured basis. There need to be at least quarterly project staff meetings in Santo, attended by the Health Adviser, which will provide the basis for evaluation of and planning for project activities. See Appendix F.

As far as the District Health Team and supervision of nurses in HCs and Dispensaries is concerned there was general agreement by the nurses during the course of this mid-term Evaluation for improved, regular and "on the job" supervision. All three nurses in the Mid-Term Evaluation Survey had no supervisory visits, performance evaluation or "on the job" training in the previous twelve months. Two of these three health facilities are in easy road access to the District Health Headquarters. Management training for the District Health Team needs to be a focus for the project for the remaining 18 months of the project.

Supervisory checklists for Health Centers and Dispensaries, and EPI have been prepared in Draft form and are ready for field testing. This needs to proceed as does the development of a Family Planning checklist. The most important thing is that the District Team realizes the need for improved managerial skills.

4.8 Regional and Headquarters Support

The project staff's demand for technical assistance from the regional office was small during the first half of the project. The major constraint on technical support is the isolation of the project locations, undependable communication and postal services, and cost of air travel. The new Health Adviser, who was appointed in April 1995, has all the necessary technical experience to guide the project. A new FSP Regional Health Coordinator (this position has been unfilled for three months) will commence work in August 1995. This position will relocate to Vanuatu which should be of benefit to the Project.

4.9 PVOs Use of technical Support

No external assistance has been required by the project nor is any need anticipated for the remainder of the project. At the outset of the project a need was identified for outside assistance in qualitative assessment of the attitudes and beliefs of beneficiaries and this was supplied more appropriately by local consultants. Local consultants have been identified for continued field testing of IEC materials for training and for the final evaluation survey.

4.10 Assessment of Counterpart Relationships

The Department of Health in Vanuatu and the District Health Team and Nurses in particular in Sanma Province are the counterparts for this project. Collaborative activities have been and continue to take place on a daily basis with the project counterparts. The exchange of materials and human resources between the project and its counterparts has already been described in detail.

There has been a strain in counterpart relationships during the first 18 months of the project for reasons beyond the control of the project. It has been described in the introduction the counterparts who were in position at the time this project was designed have mostly left Government service as a result of the Public Service strike from Nov 1993. It took several months to fill many of the positions and also many of the newly appointed people did not have extensive qualifications in their new areas of work. This may have meant that some

of the new counterparts were threatened by or overwhelmed by the goals, objectives and staff in the project. Project activities planned by former DOH employees were not priorities for the new District Health Team. This may have been a factor in strained counterpart relationships. Further strain in Project counterpart relationships was caused by the employment of people who had been involved in the strike to assist in the project baseline survey.

The Project Team has done a lot of work to overcome these difficulties in the project's relationship with the counterparts. This is also the reason that the main activity to be undertaken in the near future is a Family Health Project Planning Day in Luganville so that new District Health Team are not only fully informed of the goals and objectives of the project but that their priority areas and felt needs for the health services of Sanma Province are addressed in the Work Plan for the remaining 18 months of the project. In other words that the DOH at both the National and District levels have ownership of the project and its goals and objectives.

4.11 Referral Relationships

The referral relationship in the project area is from the community to Nurses in Dispensaries who then refer to Nurses in Health Centers who then refer to the Northern District Hospital in Santo.

The Rural Health Team, based in Luganville, is an integral part of this referral system as it provides management, supervision and training to the nurses and nurse practitioners in the HCs and Dispensaries.

The goal of this project is capacity building in Health Education and Management Skills in child survival interventions in the District Health Team in Santo and the nurses and nurse practitioners in HCs and Dispensaries. There is a good working relationship between the project and the referral sites with daily dialogue. The services of the referral systems has been strengthened by the project Inputs in terms of supplies, materials and training. Especially by improving communications the project has increased community access to the referral site.

4.12 Networking with Other Organizations

There are other NGOs working in the two northern Provinces of Sanma and Torba Provinces.

The Vanuatu Family Health Association with International Planned Parenthood Federation (IPPF) funding undertakes three areas of Family Health activities in Vanuatu. Firstly, it provides clinical Family Planning Services in Port Vila with plans to extend this service to Luganville in the future. Secondly, it has an extensive Family Planning Health Education program throughout Vanuatu. Thirdly, it has 101 community based Family Planning Counsellor Field Workers throughout Vanuatu (25 in Sanma Province) who come from the

communities they live and work in. The village counsellors have undergone a one day training course on Family Planning before starting their role as Field Workers.

Save the Children Fund Australia is responsible for implementing Phase 4 of an AusAID funded MCH Project in Vanuatu. This Project has four components: 1. Strengthening of District PHC activities - VHW training and support to the District Health Team in Eastern District; 2. Health Promotion - especially at the national DOH level; 3. Family Health - concentrating on FP/MCH activities at the national DOH level; and 4. Nutrition - with plans to conduct the Second National Nutrition Survey. SCFA is conducting two Projects which have components taking place directly in the Sanma Province. One is the South Santo Bush Community Resource Management Project which is concentrating on 300 people who are in the isolated area of middle bush Santo. These people still lead a largely traditional life. This a basic community development Project. The other is the VHW training program.

World Vision is conducting a Primary Health Care Project in the Torba Province which is an isolated and remote part of Vanuatu where delivery of Health services is difficult. The interventions here also cover Maternal and Child Health.

The activities of other NGOs complements the work of the FSP Family Health Project. The various NGO Programs complement each other in that they address needs in terms of training, equipment and materials, and management at different levels of the health services in Vanuatu. There is no overlap of these activities. The emphasis in the FSP Family Health Project has been on capacity building in Management and Health Education for Child Health Services at the Provincial level.

There has been some, though minimal joint activities, between the NGOs working in the Sanma Province in the Health Sector. VFHA has assisted with the field testing of Family Planning Health Education materials. World Visions Child Survival Manager for Torba Province attended the Family Health Projects Health Education Training Workshop of one weeks duration. Contact with SCFA has been in the form of informal discussions and sharing of information. Two SCFA staff have been a part of the evaluation team for this Mid-term Evaluation. SCFA is happy to participate in DOH/FSP/SCFA joint activities which have the approval of the DOH.

4.13 Budget Management

The rate of expenditure of project funds to date is on target and in keeping with the DIP projections. There have been no shifts of money from one category to another in the project budget.

The only area where the project budget is not sufficient to achieve project objectives is the cost of providing a project vehicle. The reason for the need for transport which is apparent from this Mid-Term Evaluation and which was not apparent at the time the DIP was written is the importance and need for “one to one” training has been identified only during the course of implementing project activities during the first 18 months of the project. Otherwise the project budget is adequate to achieve project objectives. It is not anticipated, at this point, that the budget will be underspent at the end of the project.

The Country Project Pipeline Analysis is attached as Appendix G.

5. Sustainability

Table 2 - Sustainability Goals, Objectives, Mid-Term Measures & Steps Taken/Needed.

Goal	End of Project Objectives	Steps taken to date	Mid-Term measure	Steps Needed
A) DGH will take on health promotion activities of CS project.	1) DOH will supervise and provide In-service training for 26 nurses.	National HE Coordinator, District Section Heads and 26 Nurses have introductory HE skills course.	1) MCH team have undertaken 24 H.E. sessions in first quarter of 1995. Previously there was ml H.E.	1) Follow up training will build on skills in introductory courses.
	2) HC/Dispensary and Nutrition Fare staff nurses routinely cany out formal adult education at their work place.	2) Nutrition Fare staff and 2 District Section Heads have had preliminary training in conducting HE training.	2)Nutrition Fare now routinely provides H.E. training for all clients.	2) Further workshops in conducting H.E. training for 2 District Section Heads and Nutrition Fare staff.
B) Capacity building in the District Health Team in the	1. Monthly staff meetings of District Health Section Heads.	1. Monthly meetings now take place and minutes kept.	1. Regular schedule of meetings often postponed.	1. Further training of DHS in benefits and positive outcomes of regular monthly meetings.
management of child survival pmgmms.	2. Supervision checklists for child survival programs.	2. Draft checklists for HCs and EPI prepared and ready for field testing.	2. See Appendix C.	2. Field testing and training in use of Draft Checklists and development, fielding testing and training in F.P. checklist.
	3. All Monthly HIS reports received: 100% fmm HCs and 80% from Dispensaries.	3. HIS training carried out.	3. Monthly returns from HCs have increased from 66% to 100% and from 27% to 46 % with Dispensaries.	3. Further in-Service and 'on job" training for Dispensary staff in HIS.
	4. All HCs keep EPI graph up to date.	4. Graph intmduced to HCs.	4. Only IWO out of 6 HCs keeping graph regularly and correctly.	4. Further In-Service and "on job" training for HC staff on EPI graph use.
	5. 2 month supply of essential child survival drugs.	5. Radios and boat supplied to facilitate delivery of drugs and vaccines.	5. Only one HC out of 18 health facilities did not reach goal.	5. Management training to include maintenance of equipment.
	6. 5 or more clinics conducted annually in 80% of designated mobile posts.	6. Inventory of mobile posts for each HC/Dispensary completed.	6. One of the 18 HCs/ Dispensaries undertaking mobile work.	6. With DHS address staff shortage and transport difficulties.

6. Recommendations

The Project

1 **The Project should continue until 31 December 1996.** Any extension beyond 1996 should be subject to further discussions between FSP and the Vanuatu Government.

Activities For The Remaining Eighteen Months

2 **The emphasis of the Project should continue to be on Health Education and Management Training.** The exact details of the activities of the remaining eighteen months of the Project needs to worked out at a **Family Health Project Planning Day** in **Luganville** in the eight weeks following this evaluation. This should involve the District Health Supervisor, the District Section Heads, the Officer in Charge of Preventive Health Services (Department of Health, Port Vila) and the Project Team. At this Planning Day the results of this evaluation should be presented and become the basis of the Project Activity Plan for the remaining eighteen months of the Project.

Possible activities for the Family Health Project to undertake with the Department of Health which should be discussed at the Family Health Project Planning Day are:

- in 1996 Two In-Service Workshops of one to two weeks each for Nurses in Sanma and Torba Provinces with sessions on HIS, EPI, ARI/CDD, Growth Monitoring and Nutrition, Breastfeeding and Weaning Practices, Family Planning etc.

- in 1996 a one to two week Training Workshop on Management for the District Health Team to include Planning, Activity Plans, Supervision and the use of Supervisory Checklists, use of HIS for Planning and Budgets etc.

- a further Health Education Workshop for the Sanma and Torba Provinces Nurses and Nutrition Fare Staff.

- the Health Education component to be strengthened by follow-up "one to one" visits of two to three days with nurses in their work places by the Project staff.

Materials, Equipment and Transport

3 **It is recommended that the Project provide a vehicle for the Project staff to follow-up training activities with "one to one" visits to nurses in HC/Dispensaries.** One of the high priority needs identified by the District Health staff and nurses in the Health Centers and Dispensaries has been the need for follow-up "on the job" training in Dispensaries and Health Centers.

4 **The boat at Malau Health Center supplied by the Project is dangerous.** It is too short and unstable in the water. In its present state a patient who is pregnant and in

labor or who is unconscious could not be transported in it. **It needs to be lengthened or replaced completely.** The size of the outboard motor needs to be reviewed.

5 **The possibility of installing e-mail in the Family Health Project Office in Santo should be investigated.** There are now both Pacific and World Bank networks of health information which are of relevance to the Sanma Project which can be accessed through e-mail.

7. Summary

The Santo FSP Family Health Project in Vanuatu is being implemented in Sanma Province from January 1994 until December 1996. The Department of Health, Vanuatu is the project counterpart. The goal of this project is capacity building in Health Education and Management skills in child survival interventions in the District Health Team and the nurses and nurse practitioners in HCs and Dispensaries in Santo.

The Mid-Term Evaluation was carried out between July 9, 1995 and July 18, 1995 by a six person team consisting of DOH, FSP and local NGO representatives as well as an external consultant (see Appendix B). The first week of this Mid-Term Evaluation was spent in Sanma Province. Interviews and Questionnaires were applied to District Health staff, Nutrition Fare staff, Nurses and Nurse Practitioners in HCs and Dispensaries and an Exit-interview was applied to care-givers present at health facilities at the time members of the evaluation team visited these facilities (see Appendix A). Project Quarterly and monthly Reports, other Project Documents, District HIS and District Section meeting minutes were all reviewed. The cost of this evaluation exercise was 1,001,195 vatu (110vatu/US$, 175vatu/£).

The project has accomplished much in its first eighteen months in Health Education training, IEC material field testing, some management training and the supply of equipment. The outputs indicate a measurable change in the target groups of child survival activities, the level and quality of these activities. Management training of the District Health Team needs to be a focus of the remaining 18 months of the project as does follow up "one to one" training in the HCs and Dispensaries. The provision of a project vehicle is crucial to achieving these project goals and objectives by the end of 1996. The key lesson learned, thusfar, is the importance of including the counterpart in the project and establishing a sense of ownership by the counterpart of project goals and objectives.

The results of this Mid-Term Evaluation have been presented to the Vanuatu Department of Health in a formal presentation by Evaluation Team members. The results of the evaluation will be the basis for a Planning Day with the District Health team in Luganville, Santo at which the remaining 18 months of the project will be planned in detail. The Activitity Plan for the remainder of the Vanuatu Child Survival Project is shown in Appendix H.

The author of this Mid-Term Evaluation is Dr John Hall, Team Leader and External Consultant who took into consideration the input of the other team members. Section 4.13 was supplied by the FSP Health Adviser.

Appendix A : Persons Interviewed During the Mid-term Evaluation

Persons Interviewed	Title and Organization	Relationship to Project
Albano Rory	Nurse, acting District Health Supervisor	Project Counterpart
Anne Devine	Health Program Adviser, FSP / Vanuatu	Adviser and supervisor, also manager from Jan. to June 1994
Augustine Bule	Santo Project Manager, FSP /Vanuatu	Manager, who started in June 1994
Elison Sese	Health Adviser Director, FSP/ Vanuatu	Supervisor, who was hired in April 1995
Jean Claude Barako	Nurse, TB/Leprosy Supervisor	Project Counterpart
Jennifer Timothy	District Dietitian	Project Counterpart
Jolyon Rose	Health Educator, FSP / Vanuatu	Trainer, a VSO volunteer who started in April 1994
Joseph Fred	Malaria Assistant	Project Counterpart
Kate English	Aid Management Officer, British High Commission	aid donor
Keith Gasi	High School Certificate; acting Environmental Health Officer	Project Counterpart
Miriam Abel	Acting OIC, Preventive Health, Department of Health	Adviser counterpart
Nancy Frank	Nurse, Acting MCH Supervisor	Project Counterpart
Rachel Kalmas	Nurse, Matron, NDH	Project Counterpart
Tom Numaka	Nurse and certificate in Public Health Nutrition; Coordinator, Nutrition Fare	Project Counterpart

Our thanks to three HC/Dispensary nurses and 26 mothers who gave interviews to the evaluation team.

Appendix B: Mid-Term Evaluation Team Members

The evaluation was conducted from July 10 through July 18, 1995, by a team of five health professionals who had the following qualifications:

Name and Role	Title and Organization	Qualifications
Dr. John Hall, Team leader	Consultant, Specialist in Public Health and Community Development	Physician, Masters degree in Public Health, extensive experience in program direction and management in the South Pacific
Judah Aisak, Team member	District Health Supervisor, Tafea Province, Department of Health	Nurse practitioner, 12 years experience as health program manager
Jean Tabibang, Team member	Program Officer, Vanuatu Family Health Association	Nurse, trainer for rural family planning promoters
Hilson Toa, Team member	Primary Health Care Specialist, Save the Children Fund Australia	Diploma in Environmental Health, Masters Degree in Tropical Health, many years experience in health management
Michael Varisipiti, Team member	Manager, South Santo Bush Development Project, Save the Children Fund Australia	Diploma in Environmental Health, Certificates in Management, Non-formal education & Communication
Elison Sese , Coordinator	Health Program Manager, FSP / VANUATU	Diploma in Environmental Health, Masters degree in Tropical Health

Appendix Cl

CHECK-LIST

EXPANDED / PROGRAM OF IMMUNIZATION

1. Refrigerator _____ type

   Position - Level - firm - secure - out of draft - out of sunlight.

   Condition - Clean/dirty - Rust free - Door deal ok - Cold pack freeze - Use for vaccines only.

   Flame - high - low - normal - smoky - uneven - unsteady

   Thermometer - Position _____ Present reading_____

   Temperature Chart - Twice daily reading recorded? _____
   - Maximum reading in period _____
   - Minimum reading in period _____

   Ice Packs - Present _____ Frozen _____

   Vaccine Carrier - Present _____ Condition _____

   Gas Bottle - No _____ Date of last supply _____

   Vaccines - Correctly stored _____
   Expiry date check _____
   Expired / Used collected _____

2. **IMMUNIZATION** SESSION (to be observed)

   Vaccines within expiry date? _____
   Diluent cold? _____
   Correct doze / technique / recording? _____
   Sterile needles and syringes used? _____
   Measles discarded 2 hours after reconstitution? _____
   BCG/DPT/TET TOX/OPV after session? _____

3. **HEALTH EDUCATION**

   Health Education in EPI conducted? _____
   Are EPI posters on display? _____

How are mothers informed about:

- Date and place of immunization clinics _____
- Purpose of immunization _____
- Side effects after immunization _____
- Need for subsequent visits _____
- Return visits _____
- Need for Tet Toxoid _____

4. TRANSPORT

What are the means of transport?

Boat _____ Truck _____ Walk _____ Canoe -------
How much petrol is in stock? _____
When was the last supply received? _____

5. RECORDS

Are Child Health Records filled in correctly? _____
Is the Clinic EPI register filled in correctly? _____
Is a proper record of immunization kept? _____
Are Monthly Returns submitted on time? _____
Is a coverage monitor chart being kept? _____
Can a nurse recognize all EPI target diseases? _____
Are target diseases being reported promptly? _____
Are refrigerator temperature charts being submitted? _____

6. MONITORING

Are vaccines recorded in correct age group? _____
What is the drop-out rate between D.P.T. 1 and D.P.T.3?____
What is the drop-out rate between BGG and measles? _____
Is reporting to E.P.T. Co-ordinator is satisfactory? _____
Does the nurse know how to make E.P.I. graph? _____
What is the population of area covered? _____
0 - 1 year? _____
0 - 5 years? _____
Child bearing age? _____

Date of Visit:_____ Signed: _____

Appendix C2

DISPENSARY / HEALTH CENTER _____ DATE_ / _ / _

SUPERVISORY CHECK-LIST: DISPENSARY. HEALTH CENTER

	YES	NO	COMMENTS
1. Nurse house, kitchen type			
2. Dispensary/Health Center Building type.			
3. Water Supply type			
4. Toilet type			
5. Light or lamp - hurricane lamp - pressure.			
6. Fridge and Freezer - Fuel - Gas Bottle.			
7. Tables No			
8. Chairs No			
9. Examination Bed/Privacy			
10. Delivery Bed			
11. Beds			
12. Mattress			
13. Baby Cot No			
14. Treatment Room-Clean & Tidy.			
15. Rubbish -Burned - Buried			
16. Needles/Glass place tin for disposal.			
WORK PROGRAM 17. - Time allocated for Village Visits. - Follow-up of Underweight - Follow-up of Defaulters - Ante Natal - Family Planning - Sick Patients - M.C.H. attends			
18. Does the nurse know the population of each village in his/her area? 0 - 1 year 1 - 5 years Schools No of Children C.B.A.s			

	YES	NO	COMMENTS
9. Registers - Child Health - Malaria - T.B.ILeprosy - Out-Patient - Home Visits - Death - Birth - Handicap Does the nurse use them correctly?			
!O. Monthly Statistic, Check all Sections. - EPI - Nutrition - Family Planning			
!l. Does the nurse have all necessary equipments? - Sphygmonometer - Adult Scale - Baby Scale - Stethoscope - Hemoglobinometer - Aurescope - Fetoscope - Ear Syringe - ARI Timer - Dressing Tray - Kidney Dishes (large) - Kidney Dishes (medium) - Bowls (large) - Bowls (medium) - Bowls (small) - Buckets - Dishes (large) - Measuring jug 1 liter			
22. INSTRUMENTS Does the nurse have all measuring instruments? - Sponge holding forceps - Artery forceps (large) - Artery forceps (medium) - Artery forceps (small) - Plain forceps - Tooth forceps - Scalpel handle size - Pails - Dressing Scissors - Suturing Scissors - Episiotomy Scissors			

	Yes	No	Comments
23. Does the nurse have all necessary stationary'! - In-Patient Registers - Out-Patient Registers - Child Blue Health Cards - Ante Natal Health Cards - Papers and envelopes - Adult Health Cards - Papers and envelopes - Adult Health Cards - Vaccination Cards Pink - Family Planning Cards - T.B./Health Cards - Leprosy Health Cards - Referral Forms - Family Planning Register Book - Malaria Register Boos - Monthly Forms			
24. Does the nurse have all necessary drugs?			
25. Health Education Does the nurse give the health talk?			
26. School Health Program Does the nurse give the health talk in school? - screening - immunization			
27. Is the nurse used the blue card correctly? (a) Development progress (b) Finds of physical assessment. (c) Advice to mothers/parents (d) Diagnosis - treatment prescribed. (e) Vaccinations given/recorded. (f) Weight/date/age recorded (g) Maternal Health			
28. Management of the health facility.			
29. Cold Chain 1. Does the nurse receive vaccines every month? 2. Any problems with cold chain? 3. Equipments (vaccine carriers Temp.gauge) 4. Correct administrations of vaccines.			
30. Communication 1. If there is a radio, does it work? 2. How does the nurse arrange referrals and emergency drug orders?			
3 1. Malaria Check-List - Check if beds nets treated and if everyone has nets. - Malaria Blood slides - Pricker - Malaria Slides forms - Breeding places for mosquitoes in the river streams, drums, tins, old truck tires, canoes, flower pots.			

32. FAMILY PLANNING CHECK-LIST - Family Planning Register Book. - Family Planning Health Record forms. - IUCD Kit - Pills Microgynon - Pills Eugynon - Depro provera - Condoms - Tubal Ligation - Vasectomy			

33. COMMENTS

Appendix D Needs Assessment of all Health Facilities

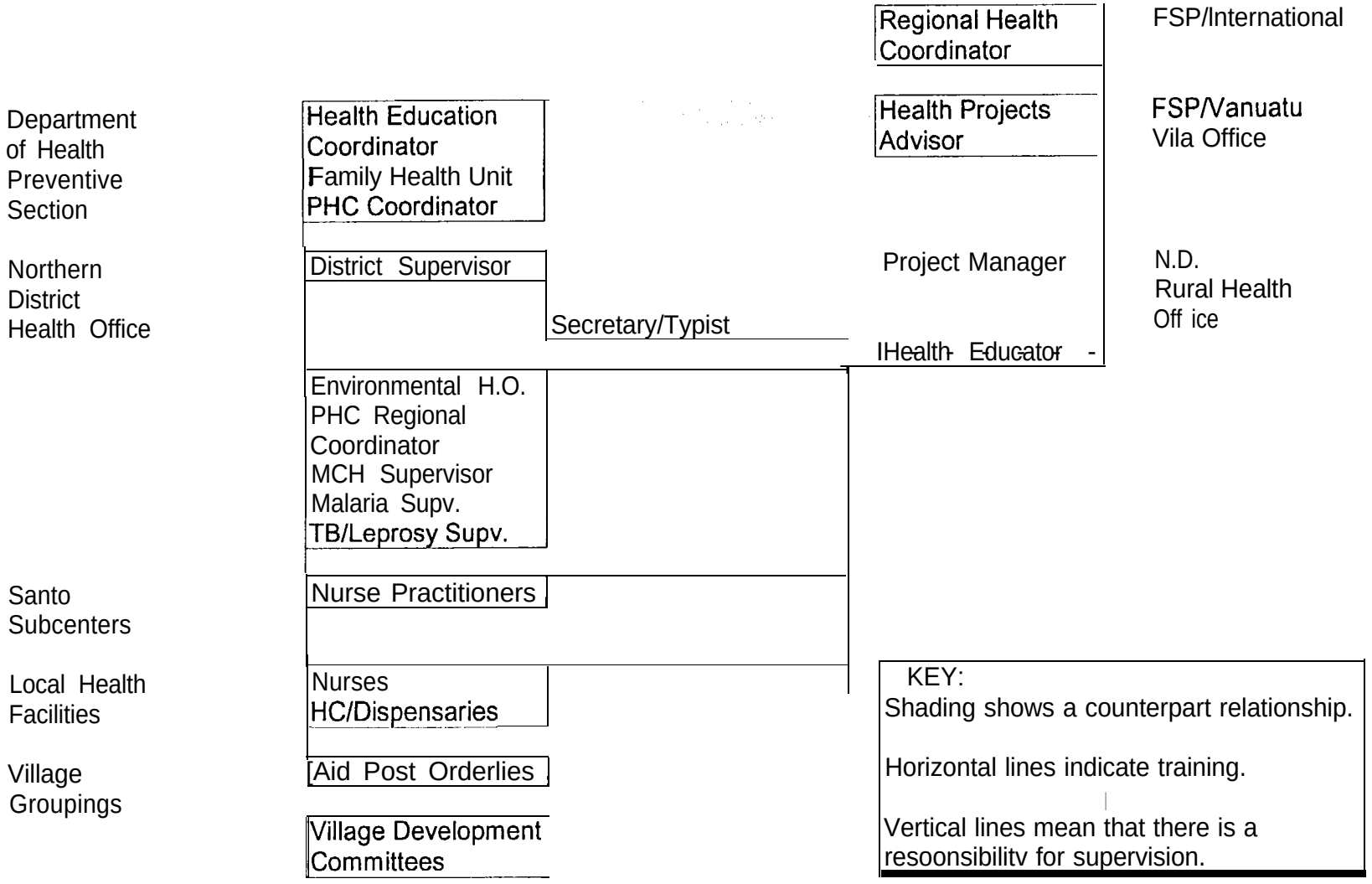
NEEDS ASSESSEMENT OF ALL HEALTH FACILITIES

EXPANDED PROGRAM OF IMMUNISATION (EPI)

SANMA PROVINCE

FACILITY	No. MCH POSTS 6 VISITS/YEA R	VACCINE ORDERS	EPI EQUIPMENT	COLD CHAIN FUEL SUPPLY	TOURING TRANSPORT	ALL COSTS PER 3 MONTHS TIME
Vules Epe	2 outposts, 6 times per year	by doses needed, ? how thermometers	1 cold box, no ice packs, 1 carrier, 1 b o x :	n/a Needs training in use of cold Does a loop	2 truck trips, local hire	500x1 1000x1
Tasiriki	4 outposts, 10 times per year	by dose, nurse courier on truck & is reimbursed for truck	gas refrigerator can freeze 6 packs; has 6 pcks only, 2 thermoms, 1 carrier	1 big bottle gas, courier to RHO to refuel at nurses expanse	walking, boat to Sulimari & Kerevinabol in 1 day	4,000 boabx2
Tasmalum & Wallapa	9 outposts, 8 times per year	by dose, nurse courier on truck, at own expense	gas refrigerator can freeze 12 packs, has 8 packs, 2 carrier, 1 thermoms	1 smol botel, courier to RHO to refuel, at nurse expense	Boat to Araki Q 3000	3000x2
Nogugo *& Wunpuku*	5 north & 5 south outposts, 4 times per year	by dose, radio order, sent by plane in cold box	gas refrigerator can freeze 6 packs, has 20+packs, 1 carrier, 1 thermoms	send w/ Santo Joinery boat, resupply & transport by RHO	Boat, 25HP & 15HP; 4.5m; 251 tank; 2001 drum benzine, 2 paddles, no life jacket, no house	120l@200 1000 for aide & helpers 12.51 kerosene @ 5Ovi
Tasmale	5 outposts, 4 times per year	supplied by Nogugu	cold boxes supplied by Nogugu	n/a	Walking; sometimes help from Nogugu boat dependant on Nogugu	30-50 l @200vt bensine 12.5 l @50vt kerosene 3000vt helper
Malao & Pessena	12 outposts, 3 or4 times per year	by dose, nurse courier by boat & truck, at own expense	gas refrigerator can freeze 20+packs, has 40+ packs, 1 carrier, 3 thermoms	1 big botel, courier to RHO to refuel at nurse's expense	Boat hire	40 l Pessena 101 Matantas
Middle Bush	4 outposts, 3 or 4 times per year				Truck	*6000x2*
Port Olry	5 outposts	by dose, nurses courier at own expense	gas refrigerator can freeze 6 packs, has 10 packs, 1 carrier, 2 thermoms	1 large and 1 small bottle gas, courier to RHO at nurse's expense	none, no touring program a! present	4000x2 for fuel
Hog Harbor	6 outposts, 6 times per year	"by dose, could send by cold box on bus to and fro	no refrigerator or cold box, 1 carrier and 4 ice blocks, no thermometer	by bus	walking, some free truck when lucky	400 vatu
Fanafo	7 outposts, 10 times per year	by child, courier by nurse at own expense, occ. pickup	gas refrigerator can freeze 4 packs, has 8 ice pascks, 1 cold box, 1 carrier, 1 thermom	1 large botel gas by truck, hire or MCH truck	walking and own horse	1000 for vaccine run, 200vt for sending gas botel
Malo & Aore	4 outposts (3 islands) 4 times per year	by no. children, pickup of	Will need refrigerator?, 1 carrier?, 8 cold box by owh boat? packs?, 2 thermometers7	2 small bottles?	By boat, needs floor & seats; expects RHO to pay fuel	Malo 10l. Malo tavi... *3000x2,* Tutuba *201,* Araki 20l
Luganville urban 6 rural	??, 10 times per year	? formula, by plane from centrl pharmacy	freezer, 2 large storage refrigerators, (need inventory of equipment)	electric, ?backup power	by truck, shared with other sections and DS	7 fuel costs

ORGANIZATION CHART
CSIX Training Project



first draft 1193 ACD

Appendix H Draft Activity Plan for the Remainder of the Vanuatu Child Survival IX Project

This activity plan is a draft to be used as a sample when participatory planning is undertaken in August 1995 and again in February 1996. The timeline may be changed and the Child Survival topics will be chosen by counterparts.

Project Activities	J-S 1995	O-D 1995	J-M 1996	A-J 1996	J-S 1996	O-D 1996
Management Training Workshop for District supervisors and HC nurses, two weeks or 70 hours for 8 people. Technical assistance: Government Staff Training Canter, Tafea District Supervisor.		x				
Inservice Education on Child Survival Topics and Health Education for 12 Nurses and 5 sub-canter supervisors for 2 weeks or 70 hours. Technical assistance : National Section Heads.				x		
Health education training for 30 community health educators in rural areas for 2 weeks or 60 hours. Technical assistance : Rural Health office: staff and HC nurses.			x	x	x	x
One to one follow-up training on Health Education skills, HIS, EPI management, and ARI management for one week with 15 nurses and 5 health canter supervisors. Technical assistance: District Supervisors.			x	x	x	x
One to one follow-up training in health education skills for one week or 40 hours for Nutrition Fare staff (3).		x				
Field testing of revised FP and BF posters.		x				
Production of 6 health education posters on FP and breastfeeding.					x	
One to one follow-up training on health education skills for ½ day or 4 hours for 15 urban-based community health educators.	x					
Health promotion campaign on Family Planning topics targeted to 5 rural areas, touring al of Sanma Province. Technical Assistant: Program Officer of VFHA.			x	x		
Health promotion of Safe Sax to prevent Aids - a week long campaign. Technical Assistant: AIDS/STD Department of Health coordinator and program assistant.	x					

Appendix I Mid-Term Evaluation Methodology, Evaluation Instruments and Results

Methodology

The Mid-Term Evaluation was conducted from 9 July 1995 to 18 July 1995. All relevant Project Documents and Reports had been reviewed before the Evaluation commenced. The first week of the Evaluation was spent at the Project site in Sanma Province where data collection for the Evaluation took place. The second week was spent in Port Vila for data analysis, Report writing and feedback to DOH staff.

Data collection for the Evaluation was carried out by applying a standard Evaluation Questionnaire to:

1 District Health Section Heads and the Acting District Health Supervisor.

2 Nutrition Fare Staff

3 Health Center / Dispensary Nurses. This was done in the three HCs/Dispensaries it was possible to access in the given time.

4 Care-Giver Exit Interviews were applied to all Care-Givers present at HCs/Dispensaries at the time members of the Evaluation Team visited the facility.

5 Project staff interviews.

The combined Questionnaires and Results of these surveys are given below. It is important to note that these are only used as indications of Project Progress and direction for the remaining eighteen months of the Project. These data are not presented as being statically significant. All information is identifed. The project Staff interviews are not presented here for reasons of confidentiality.

Mid-Term Evaluation Survey Results

Interviews Of Section Heads and Acting District Health Supervisor

Goals & Objectives

Are you aware of the goals and objectives of the FSP Family Health Project?
Not quite well. Yes. No (newly hired). Yes.

Do you feels you were given an adequate introduction to the project with a full explanation of the Project and its purpose ?
No. Maybe. Yes. by project staff NO Informally yes, aware of project activities.

Did you have any say or input into what the project is doing in your District?
Only in workshops -not planning
Participate in H/E workshop
Yes, once in a management meeting

Do you feel it has helped your own work in the District? **If** so how does it help? If **not** how has it not helped? Specifically do you feel it has had any impact in particular areas?
Yes. Yes. Yes. Yes.

If Yes, in what way?
Radio installed, Health education skills.
Health education, breast feeding, world food day,nutrition poster (3 fg) skills in conducting a H/ED session.
Most help received from proj.
Graph making, can calculate but needs assistance in graph. H/ED
Extension of office, fax machine, computer, H/ED workshops

If not, how has it not helped?
NA No comments

Training

What do you see as the training needs of the nurses in the HC/Dispensaries?
HIS, EPI, FAMILY PLANNING, Graduate 1968, Took Nurse Practioners course.

What training have you have yourself?
Workshops conducted - last 12 months; 3 in Sanma, I in Torba on: FP,ARI,EPI,& CDD & H/ED (1 health staff, i for community leaders in Luganville)

What are the areas you feel you benefit from more training, if any?
Review training in each sector. Support to inservice training- financial & technical Target: rural nurses. H/C to be staffed by : 1 NP, 1 Mid-wife 8z ! MCH - 1996 R/budget. Project to fund activities to Tasmalum, and 5 HCs.

Do you feel the Project has helped with staff training?
training of staffs
Yes, H/ED, HIS & EPI
H/ED & screen printing
Yes, but not all.
Yes.

Has the Project assisted with training in Health Education?
Health Education training Yes
Yes. Yes, Good.
Yes, and in management training

Project Staff

Have you found the Project staff willing to cooperate with your District activities?
Yes, assist with follow-up on HIS, EPI, workshops
Yes , good cooperation
Yes (No ill feeling)
Yes.

Remaining 18 months of the Project

In the remaining 18 months of the Project how do you feel the Project can work better with the District Team and your District plans and activities?

Yes. -All

Improve more in coordination, cooperative planning and decision making. DHS should identify needs and bring them to the attention of the project , not only vice versa. DHS should be the focus for direction and control and coordination of district health activities.

What would you see as priority areas for the Project in the remaining eighteen months until the end of 1996?

Assist transport; coordinate use of existing truck (truck use solely by DHS)

Follow-up on work. No comment. Assist with EPI graph (training). Transport.

Training of 2 aid nurses in MCH. Inservice for MCH & other nurses. Follow-up.

Improve Health education. Design new posters. Analyzing of data. Training of VOICE, H/ED for VOICE.

Do you think the Project should be extended beyond the end of 1996? If so for how long and what areas do you think an extension should concentrate on?

Yes; 1 year; Yes, if need

Yes ; yds. ; Needs as mentioned

Yes; 3 years ; Transport for all field staff.

Yes, 2-3 years; EPI, FP, transport. Renovate Pessina clinic. Give financial support.

HIS

What is the history of the HIS?

Hospitals have their own HIS, except for vaccinations. Rural has a new HIS, used by H/C 8z Dispensary nurses.

Do you have HIS training?

Yes , in Vila,

How many HCs/dispensaries are returning monthly reports and how often?

All except one. Monthly.

What happens to health information when it is received at the District level?

Send them to Nancy (MCH) and to Vila.

Any feedback to the HCs/Dispensaries or use in planning?

Don't know, but aware of the case of Malau. no-feedback (both sides)

Useful for planning to address weak program areas identified. (eg. Malau HC)

Supervision

How many supervisory visits to HC/Dispensaries have you made in the last 12 months?

None. Unknown. DHS always has vehicle. Can't state reason why DHS does not visit. Accompany DOH/MOH yes but not supervisory visit. - made one to Malo- again for other reasons. Remote areas needs transport, truck or boat

Do you use supervisory lists?

n/a

Would a checklist be helpful?

don't know

Monthly Section Head Meetings

How many held? Don't know, only attend i meeting,
What were the main topics? Purpose was DHS to delegate responsibilities
Who was responsible? DHS
Who attended? Heads of section. Mgt meeting planed for 14/7/95

Interviews With Nutrition Fare Staff

How many staff?
Two male, one female.
What training have they had? What further training is needed?
See table below.
Is the building adequate for the purposes of the Fare?
Not adequate, misuse (social activities by staff)
Are there adequate supplies of cooking equipment, tools, seeds?
Lack in garden tools (lost during strike) Cooking: only 5 cups, no plates or forks
Seeds: bought locally - Tanna,Luganville - Fare supply seeds to mothers
How many children do you see each week?
average 3-4; 17 seen for period jan- 18 July/95. 16 marasmus, 1 kwashiorkor (died) Most are from Torba.
What are the referrals for?
Causes; Young mothers, single mothers, no work, use bottle, hygiene, diarrhoea - sik.
Who sends children to the Fare?
Mostly from NDH. referrals. fare provide meals.
Budget 30000 per 6 months.
What kind of Health Education do the parents of the children receive?
3 food groups, malnutrition, hygiene, home gardening, cooking demo plus handout esp. for community.,Rabis kaikai, composting & control of betbet in garden crops.
What follow-up is there of children seen at the Nutrition Fare?
Yes, esp. for kids in town, for rural refer to Dietitian- give note /advise nurse in respective village of patient.
What plans do you have for the future?
4m VT. new fare building request forwarded to Canadian Aid. A.Helen. Rooms for: Conference, video, private consultation/counselling. demo. room/workroom and garden. sited next to present MCH building.
A new building , transport to allow for follow-up, training of coordinator in child health care, nutrition & family planing. jerry in Agricul.
Needs: cooking utensils, tools, furniture for new building.
Home garden competition, cooking competition
General: now good outreach program., built new stove, new garden. Small income generated from sale of garden produce, and T-shirts promotion on helt topics. Fare activities started in 1996.

Name	*Training*	*Training needs*
Tom Numake	Family Food workshop; Suva,Fiji. H/Education by project-1994 Community W/shop- counselling, Agriculture, Budgeting (1 mnth)	Research On Nutrition & child care
Jerry N.	None.	Agriculture, cropping
Lione	None	Assistance, on-the job

Care-Giver Exit Interviews

Twenty six women were interviewed.

All the women had child health card for their children. Eighty eight percent of the children had their weight monitored on the their card.

Six of the children were up to date with their immunizations. Four children had never been immunized at all. Fifteen children were late on the immunization schedule. One child had been completely immunized.

Twenty four percent of the mothers had their own immunization cards. Mothers without cards were able to recall their immunization doses. Eighty percent of the women were up to date with the tetanus toxoid immunization series.

Sixteen of 26 women delivered their last baby in a health facility. Four of the women had their babies at home with a traditional midwife to assist delivery. Five of the women had their babies at home with assistance from a family member.

All of the 26 children had been breastfed and five children had also been bottlefed. All of the children under nine months (nine children) are breastfeeding now. The weaning ages for the other children were: 9 months (one child), 12 months (five children), 18 months (four children) and 2 years (eight children).

Most of the women did not have any health problems they found difficult to solve.

Interviews With HC/Dispensary Nurses

Population/Demographic Information

Do you know the total population your HC/Dispensary serves?

Yes. Yes. Yes.

Do you know the number of children under five, children under one, the number of women of child bearing age?

Yes. Yes. Yes.

Do you use this information in your work?

EPIcoverage & TTOX. EPI. EPI & school health

HIS

Do you regularly collect your HIS and what do you do with it?

Yes. Yes -but don't send it since Nov. 1993 because useless to send when there are no supv. visits and backups from DHO. Yes -only send it to district health office.

Do you use it in your work here in the HC/Dispensary?

Yes for EPI & TTOX for mothers. No. Yes, but activities have not been carried out because of finance problems and transport; since transport and communication are available now, these activities will start soon.

If so how?

EPI graph, vaccine order. n/a. No.

Do you get feedback from Distinct level?

No. No. Never.

What training have you had in HIS?

First in late 1980's and again in 1992. Course in Vila and inservice with FSP staff. Inservice with FSP staff.

EPI

Do you have an EPI graph?

Yes. No, though it was taught inservice, no particular reason why not. Would do.

How do you use the EPI graph? (Planning, vaccine ordering.. .)

To see well coverage and plan for activities to improve coverage. To see how many children have completed their doses and how many have been missed. Those missed will then be included in activity plans for the following months for coverage.

What sort of fridge is in place?

Gas. Gas. Kerosene.

Are the fridges working?

Yes -positioned out from wall where no light; it is lit only 24 hours before the vaccine supply comes; ;

Yes -must lock the door to seal it well.

No -burner removed for repair or replacement 12 months ago.

Are there thermometers in place and the temperature being recorded?

There are 3 compartment with each has a thermometer and all 3 temperatures are recorded.

Yes, one thermometer only and temperatures recorded for last 12 months.

Are there any spare gas bottles or easy access to one?

Yes. No.

How much of each vaccine in stock and how long do these last?

Good supply of vaccines except for BCG which will last only 5 days.

Enough for one month, as planned.

Drugs

How much stock of oral contraceptives, condoms, chloroquine, iron and folic acid, cotrimoxazole. Is there enough for two months supply of each of these?

Enough for 3 months, can use tele-radio for urgent orders. Enough for more than 2 months of all the drugs. Enough for all the drugs except cotrimoxazole which will run out soon but have already been requested.

Mobile Posts

How many designated mobile posts do you have?

Eight. Six. Thirty-two.

How many mobile clinics have you conducted in each post in the last twelve months?

None.

Thirty clinics all together. Started in May 1995 with program aiming for one visit per month per post. Last month 2 posts not done.

If you have not been able to conduct these mobile clinics what have been the constraints/reasons for not doing them?

Should be one a month but the activities really depended on other factors, ie., weather, transport, absent from clinic and workload at clinic. Only one person in HC qualified to do clinics outside. Nurse was sick. Clinic was scheduled for public holiday. Weather. Transport difficulties. expenses are high for public transport and it is always difficult for DHO to refund. Financial difficulties to hire public transport and to get refund. Lack of staff to do clinics -only have one nurse.

Training

How long have you been working as a nurse, when did you graduate from nursing school?

Since 1985. Since 1969. Since 1981.

Have you done any further formal training since then?

MCH course, 2 inservice courses, 1 leprosy, 1 FP, 1 AIDS, 1 STD, Training of trainers, HIS/ARI/EPI. Several short courses and workshops. Nurse practitioner 1987 and several local workshops including HIS.

When was your last in-service course in ARI/CDD, Nutrition/Breastfeeding, EPI, Family Planning?

April 1995. ARI/CDD in 1993, Nutrition in 1987, AIDS/FP in March 1995, and HIS/EPI in 4/95. April 1995 -ARI/CDD, EPI, FP; no Nutrition/Breast feeding.

How have you used that training since?

Yes, a lot; but less of the preventive skills because it is difficult to leave the HC/Dispensary. Yes in MCH, EPI, and HIS. No, needed follow up to learn to do EPI graph.

What do you see as the areas that you would benefit from more training in?

Obstetric and midwife training. Inservice courses for older staff. Health education course, nurse practitioners course. No particular area.

What kind of training do you find most helps you in your work - Workshops, one to one training at the HC/Dispensary?

Workshops are better. One to one is good but not practical. There has never been any supervision and therefore it is difficult to conduct.

Course are good but there needs to be a one to one training; supervisory visits to actually check and have guidance on performances based on the nurses knowledge and skills acquired from the courses.

Supervisory Visits

How many supervisory visits have you had in the last 12 months from the District Supervisor, Distinct Section Heads and the Section Heads from Port Vila?

Nil for DHS. Nil from heads of section. Nil from national heads of section. No DHS visit; sometimes visits from section heads for work in the community that require nurse to accompany them. No visit from Vila heads of section.

Do you find them helpful?

If it had happened, it would be helpful to use as staff morale would be raised and continue work.

How can they be improved?

(No answers recorded)

Project Staff Questionnaire

Project Progress

What do you feel are the achievements of the Project in the last 18 months?
Do you feel it has reached the objectives set down for it in the first 18 months?
In what areas has it not achieved its objectives and why is this?
Have the objectives and activities to achieve those objectives been realistic?

Project Equipment and Training

Has the Project provided you with sufficient materials and equipment to carry out your work?
Has the Project provided sufficient funds for training activities to achieve the Project objectives?
What further training activities are required to achieve the objectives of this Project in the next 18 months?
Are there any areas which need to be improved in materials, equipment, and training?

Interaction With Counterparts

How has the Project fitted in with the objectives and activities of the Health District - District Health Supervisor, Section Heads, HC/Dispensary Nurses?
What has the relationship with the District Health Staff been like?
What have been the good things in this relationship?
What has not gone so well in this relationship?
How can any difficulties be overcome in the remaining 18 months?

What has been the relationship with other NGOs involved in Health Projects in the Sanma and Torba Provinces - SCFA, VFHA and World Vision?
How can these relationships be improved?

Human Resource Issues

Describe your duties in this Project?
Have you got a job description/duty statement for your position?
Has this changed since you commenced work with this Project?
Do you know who your Supervisor is i.e. to whom are you responsible?
Is your Supervisor accessible?
Have you been able to discuss issues about the Project and your work with your supervisor?
Are there regular Staff meetings where you are able to raise issues relating to the Project?
How can supervision be improved?

What training have you had?
Was this training adequate for the position you hold in the Project?
What training has the Project provided for you?
What further training do you feel you need in the future?

Are you happy with your terms and conditions?